

STATE OF OREGON
MONITORING WELL REPORT
(as required by ORS 537.765 & OAR 690-240-095)

Instructions for completing this report are on the last page of this form.

JUN 22 1995

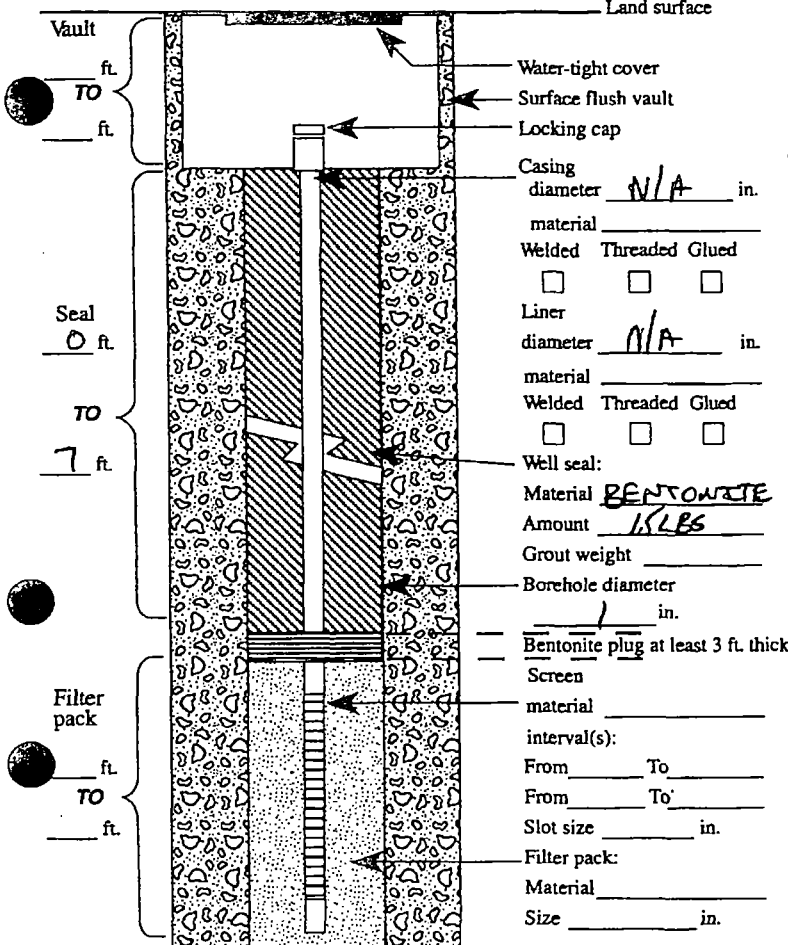
Start Card # 79286

(1) OWNER/PROJECT: WELL NO. SSI
Name PORT OF PORTLAND TERMINAL 5
Address 700 NE MULTNOMAH
City PORTLAND State OR Zip 97232

(2) TYPE OF WORK:
☒ New construction ☐ Alteration (Repair/Recondition)
☐ Conversion ☐ Deepening ☒ Abandonment

(3) DRILLING METHOD
☐ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Hollow Stem Auger ☒ Other GEO-PROBE

(4) BORE HOLE CONSTRUCTION
Special Standards ☐ Yes ☒ No
Depth of completed well 7' ft.



(5) WELL TEST:
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian
Permeability _____ Yield _____ GPM
Conductivity _____ PH _____
Temperature of water 57 °C Depth artesian flow found _____ ft.
Was water analysis done? ☐ Yes ☐ No
By whom? _____
Depth of strata to be analyzed. From _____ ft. to _____ ft.
Remarks: _____

(6) LOCATION OF WELL By legal description
Well Location: County MULTNOMAH
Township 2N (N or S) Range 1W (E or W) Section 23
1. SW 1/4 of SW 1/4 of above section.
2. Either Street address of well location TERMINAL-5 N LOWARD ST. PORTLAND
or Tax lot number of well location _____
3. ATTACH MAP WITH LOCATION IDENTIFIED. Map shall include approximate scale and north arrow.

(7) STATIC WATER LEVEL:
3' Ft. below land surface. Date 5-30-95
Artesian Pressure _____ lb/sq. in. Date _____

(8) WATER BEARING ZONES:
Depth at which water was first found _____
Table with 4 columns: From, To, Est. Flow Rate, SWL.

(9) WELL LOG: Ground elevation _____
Table with 4 columns: Material, From, To, SWL.
Material entries: POSSIBLE SANDS, ONE TIME SAMPLING, USED 15 LBS BENTONITE FOR ABANDONMENT.
SWL entry: 3'.
Date started 5-30-95 Completed 5-30-95

(unbonded) Monitor Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
Signed Thomas C. Wit MWC Number 10347 Date 10-1-95

(bonded) Monitor Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
Signed [Signature] MWC Number 10347 Date 6/22/95
SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

USEPA SF



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ig Geologist/Engineer _____
ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT

RECEIVED

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WALTON
SALEM, OREGON